

DEPARTMENT OF ECCState of Washington

Fee Paid 10,00 Date 4-13-98

Application for a Water Right
Please follow the attached instructions to avoid unnecessary delays.

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			PERSON Igned:				-APPE	ICAT	ION	
ame Mo	nkey Ri	dae LL	C			Home Tel:(	509)	- 66	5-0735	
Name Monkey Ridge LLC Mailing Address PO Box 2837										
	to applicant									
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ection 3	. STAT	EMIENT	OF INT	ENT	,				r kristinia ili	
			ise not more surface water						per minute or	
rpose(s) of	per second	dairy,	stockwate	er, group	domes	tic		ATTAC	H A "LEGAL"	
ESCRIPT	ION OF T								a plat number is	
<i>t sufficient</i> Stimate a m		nual quanti	ty to be used	in acre-feet	ner vear	: estimate	200 ac	-ft f	or dairy/sto	
ONTINU	nous E	FROUP	Domes	TIC SUF	PLY	AND S	TOCKU	PATER	Sup PL t the water will	
Chec		ter use is pr	oposed for a	short-term p	roject.	Indicate the	period of	time tha	t the water will	
needi		1 1	to	1 1						
Section 4	. WAT	ER SOU	RCE							
			5 60 20			40 40 1144	- 40 da 34 fabrica (1944)	1.44 2 244		
f SURFA	CE WATE	ER .			If GRO	UNDWAT	ER			
ake, etc. 1		write "unn	te if stream, named spring		A perm	it is desired	for 3	W	rell(s).	
Number of	diversions:									
	-	ne of body	of water):		Size & depth of well(s):					
Journey Hor	o mio (min	or body	or water).		To be determined.					
OCATIO	N									
Enter the	north-south	and east-	west distance	es in feet fr	om the	point of di	version o	r withd	rawal to the	
nearest sec	ction corne	er:	NENE S. 1 NESE S. 1	5: 500'	s & 30	00' W of 1	NE corne	er S.	15;	
			NWNE S. 2	2: 100'	S & 21	LOO' W of	NE cor	ner S.	22.	
	* . 26						If location	If location of source is platted, complete below:		
14 of	¼ of	Section	Township	Range(E/W)	180	County	Lot	Block	clow: Subdivision	
/ NE <sup>1</sup> 4	NE <sup>1</sup> 4	15 15	10 N 10 N	29 E 29 E		anklin anklin				
3 NW4	NE <sup>1</sup> 4	22	10 N	29 E	1	anklin	1)			
			13/199				1909			
For Ecology U	<b>\</b>	sceived:	<b>'</b>			4/13)				
SEPA: Exemp	t/Not Exempt	FERC	License #	1 1 1		Dept. Of Healt	h#		2/	
Date Accepte	d As Complet	0/9/	//999_B	y & D	ate Retur	ned	Ву		_WRIA: O	
CY 040-1-14	A	PPLICATI	ON		Appl.	No G	(K(I)	62		
ev. 9/95 F					P PP	- 174			A 30 CONTROL OF THE PROPERTY O	

COLUMBIA BASIN

Well

Rev. 9/95 F

A.	Name of system, if named:
B.	Briefly describe your proposed water system. (See instructions.)
	Three wells to supply a dairy and/or feed stock facility. Besides stockwater, associated uses will include washing and cooling. Domestic water use for the facilities is also requested.
C.	Do you already have any water rights or claims associated with this property or system?   YES  NO PROVIDE DOCUMENTATION. Irrigation assessment and wells exempt from permit.
	tion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
Α.	Number of "connections" requested: 3 Type of connection two homes
В.	Are you within the area of an approved water system?  If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Com	plete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health?  If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version of your plan.
	tion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated:
B.	List total number of acres for other specified agricultural uses:
	UseAcres
	Use Acres Use Acres
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).
	<ol> <li>Is the combined acreage greater than 2000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>If yes, enter permit no:</li> </ol>
E.	Farm uses:  Stockwater - Total # of animals appr. 4500 Animal type (If dairy cattle, see below)  Dairy - # Milking 2500 # Non-milking not yet determined



## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? Ponds may be used, lagoon for dairy.

R YES - NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Heading S on Hwy 395, Right on Sagemore Rd (exit is S of weigh station); Left on Glade Rd, go about 2 miles; Right on Alder Rd; Left on Dayton Rd to property.

Sec	tion 10. REQUIRED MAP	
Α.	Attach a map of the project. (See instructions.)	
	Attached.	
Sec	tion 11. PROPERTY OWNERSHIP	
Α.	Does the applicant own the land on which the water will be If no, explain the applicant's interest in the place of use and owner(s):	
В.	Does the applicant own the land on which the water source If no, submit a copy of agreement:	is located? □ NO
order and r	tify that the information above is true and accurate to the to process my application, I grant staff from the Departmention on toring purposes. Even though I may have been assisted imployees of the Department of Ecology, all responsibility for the process of the Department of Ecology, all responsibility for the Department of Ecology.	nent of Ecology access to the site for inspection ed in the preparation of the above application by
Appli	icant (or authorized representative) Floyd Ossman	4/9/98 Date
Lande	same owner for place of use (if same as applicant, write "same")	Date
-	Jeannine Ossman	4/9/98 Date
	G330162	I have examined this applies that as required by SEPA and it is: not an "actio empt."    Categorically exempt.
		idal categorically exempt

APPLICATION

SIGNATURE

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s) is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your(date).	application by
Ecology staff Date	

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

